

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12454

FILED MAR 24 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. ....

Registrar's No. 2522

|   |                           |  |                                   |
|---|---------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo<br>b. COUNTY   |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis   |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis 2149   |                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital   |                           | d. STREET ADDRESS (If rural, give location)<br>14 5858 Loran St.   |                                   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Helen<br>b. (Middle) Edna<br>c. (Last) Veninga   |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br>Mar. 4, 1953  |                                   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widow 2  | 8. DATE OF BIRTH<br>Aug. 24, 1891 |
| 9. AGE (In years last birthday) 61  |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housework  |                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housework  |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |                                   |
| 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Mo.   |                           | 12. CITIZEN OF WHAT COUNTRY?<br>Am.  |                                   |
| 13a. FATHER'S NAME<br>Wm. Ruhland   |                           | 13b. MOTHER'S MAIDEN NAME<br>Louisa Hofmann  |                                   |
| 14. NAME OF HUSBAND OR WIFE<br>Dr. Frederick Veninga  |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No No  |                                   |
| 16. SOCIAL SECURITY NO.<br>None   |                           | 17. INFORMANT'S SIGNATURE OR NAME<br>Helen L. Veninga 5858 Loran St.   |                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic heart disease 3 years<br>DUE TO (c) —<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>None |                                   |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION<br>None   |                                   |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                           | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>No.  |                                   |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                           | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |                                   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>m.   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   |
| 21f. HOW DID INJURY OCCUR?<br>4200  |                           | 22. I hereby certify that I attended the deceased from March 3, 1953, to March 4, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at 6:50 A.M., from the causes and on the date stated above.   |                                   |
| 23a. SIGNATURE<br>Charles Silverberg M.D.   |                           | 23b. ADDRESS<br>462 N. Taylor Ave.   |                                   |
| 23c. DATE SIGNED<br>3/6/53  |                           | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                                   |
| 24b. DATE<br>Mar. 7, 1953   |                           | 24c. NAME OF CEMETERY OR CREMATORY<br>Bellefontaine Cemetery St. Louis, Mo.  |                                   |
| 24d. LOCATION (City, town, or county) (State)   |                           | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Fred C. Henke 4911 Washington Blvd   |                                   |
| DATE REC'D BY LOCAL REG.<br>MAR 6 1953  |                           | REGISTRAR'S SIGNATURE<br>J. C. Smith M.D.  |                                   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.